

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90122 048 ***150.00

A0063724

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000019258			
1. Entity Name Alpha Net Interactive, Inc			
Principal Place of Business 2600 S course Drive Bld. #15, Suite 203 Pompano Beach, FL 33069		Mailing Address Same	
2. Principal Place of Business 2600 S. course Drive Suite, Apt. #, etc. Bldg. #15, Suite 203 City & State Pompano Beach, FL Zip 33069 Country USA		3. Mailing Address Same Suite, Apt. #, etc. City & State City & State Zip Country	
6. Name and Address of Current Registered Agent Juan Carlos Contin 2600 S course Drive Bld #15 #203 Pompano Beach, FL 33069		4. FEI Number 65-1005997 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required!	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS NAME Juan C. Contin STREET ADDRESS 2600 S. course Drive, Bld 15 # 203 CITY - ST - ZIP Pompano Bch, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Victor M. Contin STREET ADDRESS 2600 S. course Drive Bld 15 # 203 CITY - ST - ZIP Pompano Beach, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME SARA ECHEVERRIA STREET ADDRESS 2600 S. course Drive, Bld 15 # 203 CITY - ST - ZIP Pompano Bch, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Resident** **4/20/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #